

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1944

State File No. 15633

Registration District No. 3058

Primary Registration District No. 3058

Registrar's No. 72

1. PLACE OF DEATH

(a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
217 Tompkin Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAME

Mrs. Emma Hoffman

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John Hoffman 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased May 10, 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 1 hr. min.

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Frederick Kemper13. Birthplace Germany
 (City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
 (City, town, or county) (State or foreign country)16. (a) Informant Clark Niedzycki(b) Address St. Charles Mo17. (a) Burial (b) Date thereof Apr. 13, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Cemetery18. (a) Signature of funeral director H. A. Brown - Bow(b) Address 376 N. 6th St. St. Charles Mo19. (a) April 13, 1944 (b) Ernest E. Paulk
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
 (If outside city or town limits, write "RURAL")
 (d) Street No. 217 Tompkin Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
 year 1944 hour 8 minute 47 A.M.

21. I hereby certify that I attended the deceased from Feb 4 - 44
 _____, 19____, to April 11, 19____
 that I last saw him alive on April 11, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage,
(apoplexy - left)

Duration

12 hours

Due to

Hypertension, arterio
sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury ○23. Signature Vincent A. Schindler (M. D. or other) MDAddress St. Charles, Mo Date signed 4/12/44

1342

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-12-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 2157

P. O. Address St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.